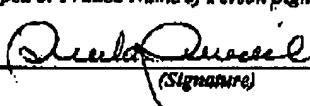
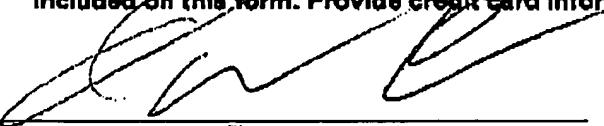


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)				Docket No. 030102
Applicant(s): GEORGE B. HANNA ET AL				
Application No. 10/600,193	Filing Date June 19, 2003	Examiner Barrie	Group Art Unit 2643	
Invention: METHOD AND APPARATUS FOR MAKING A LONG DISTANCE TELEPHONE CALL				
RECEIVED CENTRAL FAX CENTER DEC 29 2005				
<p>I hereby certify that this <u>RCE Transmittal, Amend. Trans. Ltr., Resp. to OA in Conjunction with an RCE & Fee</u> <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>December 29, 2005</u> <small>(Date)</small></p> <p style="text-align: right;"><u>Sheila Smedick</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small></p>				
<p>Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): GEORGE B. HANNA ET AL				Docket No. 030102 (BLL-0091)	
Application No. 10/600,193	Filing Date June 19, 2003	Examiner Barnie	Customer No. 36192	Group Art Unit 2643	Confirmation No. 8787
Invention: METHOD AND APPARATUS FOR MAKING A LONG DISTANCE TELEPHONE CALL					
RECEIVED COMMISSIONER FOR PATENTS: CENTRAL FAX CENTER					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of <input type="checkbox"/> A check in the amount of \$0.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Signature</i>					
Dated: December 29, 2005					
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)		
<i>Signature of Person Mailing Correspondence</i>					
<i>Typed or Printed Name of Person Mailing Correspondence</i>					